

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | Daniel | | 06-04-01 |
| O.I.P.E. CLASSIFIER | | 20 | 6/16 |
| FORMALITY REVIEW | TH | 953 | 07-27-01 |
| RESPONSE FORMALITY REVIEW | m | 905 | 2/05/02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
| 5 | ✓ |
| 6 | ✓ |
| 7 | ✓ |
| 8 | ✓ |
| 9 | ✓ |
| 10 | ✓ |
| 11 | ✓ |
| 12 | ✓ |
| 13 | ✓ |
| 14 | ✓ |
| 15 | ✓ |
| 16 | ✓ |
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| 18 | ✓ |
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| 46 | ✓ |
| 47 | ✓ |
| 48 | ✓ |
| 49 | ✓ |
| 50 | ✓ |

| Claim | Date |
|----------------|------|
| Final Original | |
| 51 | ✓ |
| 52 | ✓ |
| 53 | ✓ |
| 54 | ✓ |
| 55 | ✓ |
| 56 | ✓ |
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| Claim | Date |
|----------------|------|
| Final Original | |
| 101 | ✓ |
| 102 | ✓ |
| 103 | ✓ |
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| 143 | ✓ |
| 144 | ✓ |
| 145 | ✓ |
| 146 | ✓ |
| 147 | ✓ |
| 148 | ✓ |
| 149 | ✓ |
| 150 | ✓ |

530
07-30-01
530
02-05-02

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY